

# ERTAC

## March 12, 2015



# Trauma Coordinator WebEx

- Was held Feb. 4<sup>th</sup> & 44 people attended
- Topics included:
  - Air Medical Transport in Montana
  - Massive vs. Rapid Transfusion Protocols for Rural CAHs
  - DI/Collector Updates
  - RSI: Standardizing a Protocol for Safety
  - Trauma Designation Checklist
  - Backboard & C-Spine Clearance

# Air Medical

- ◉ Face-to-Face meeting held Feb. 10
  - > Agenda items included:
    - Helicopter Shopping Letter & Educational Materials
    - Butte Air Medical Meeting
    - State of Montana Air Medical Communication Guidelines
    - Tan Channel Education Plan
    - Discussion of required equipment for air ambulances
    - NASEMSO “Model Rules for Air Medical Services”

- Guide will be available to assist with transfers, locums knowledge of facilities and capabilities
- Will include Facility/Staff Info, Patient Transport Info, Lab & Radiology Info.
- Also including Air Medical, Facility Designation List, and Summary of ECP Levels

## Montana Facility & Air Medical Resource Guide



**MONTANA**  
**DPHHS**  
Healthy People. Healthy Communities.  
Department of Public Health & Human Services



# Facility Resource Guide

# Designation Updates

- ERTAC

- > Harlowton- Trauma Receiving Facility

# 2015 Legislature Updates

## Signed By Governor

Bill No.	Primary Sponsor	Short Title	
HB 112	Keith Reigier	<u>Extend sunset on enhanced 9-1-1 fund distribution</u>	12/15 - Introduced 01/22 - Passed House (98-1) 02/12 - Passed Senate (48-2) 02/18 - Signed By Governor
HB 147	Art Wittich	<u>Adopt nurse licensure compact</u>	01/06 - Introduced 01/19 - Passed House (66-34) 02/13 - Passed Senate (32-18) 02/27 - Signed by Governor
SB 05	Jonathan Windy Boy	<u>Establish all-hazard incident management teams and provide funding authority</u>	11/17 - Introduced 01/13 - Passed Senate (50-0) 02/10 - Pass House (81-19) 02/18 - Signed By Governor

Bill No.	Primary Sponsor	Short Title	Status (as of 03/06/14)
HB 221	Margaret MacDonald	<u>Revise hunting/fishing license laws for critically wounded first responders</u>	03/06 – Scheduled for 2 <sup>nd</sup> Reading
HB 241	Tom Berry	<u>Clarify definition of commercial motor vehicle for emergency vehicles</u>	3/11-Scheduled for 2 <sup>nd</sup> Reading
HB 296	Jim Keane	<u>Revise laws regarding mutual aid frequency coordination</u>	3/11- Scheduled for 3 <sup>rd</sup> Reading
HB 297	Virginia Court	<u>Prohibit texting and cell phone use while driving</u>	3/11- Scheduled for 3 <sup>rd</sup> Reading
HB 429	Ellie Boldman Hill	<u>Interstate medical licensure compact</u>	3/09- 3 <sup>rd</sup> Reading Passed 3/10- Transmitted to Senate
HJ 7	Tom Steenberg	<u>Study next-generation 9-1-1</u>	01/23 – Introduced; Referred to (H) Federal Relations, Energy & Telecommunications 02/12 – Passed Out of Committee
SB 077	Bruce Tutvedt	<u>Revise laws related to board of medical examiners</u>	3/11- Scheduled for 2 <sup>nd</sup> Reading
SB 207	Bruce Tutvedt	<u>Revise laws related to defensive medicine</u>	2/25- Scheduled for 1 <sup>st</sup> Reading
SB 209	Matthew Rosendale	<u>Regulate vehicle event data</u>  Hearing – 3/11; 8:00 a.m., Rm 137	03/11-Scheduled for Hearing
SB 216	Roger Webb	<u>Revise medicaid in home care services fraud prevention laws</u>	02/25 – Referred to (H) Human Services
SB 347	Tom Facey	<u>Revising worker compensation coverage options for emergency medical units</u>  Hearing – 3/23; 3:00 p.m., Rm 152	03/23 – Scheduled for Hearing
SB 375	Scott Sales	<u>Increase highway speed limit to 80 mph</u>	02/19 – Introduced; Referred to (S) Highways and Transportation 03/05 – Hearing

# System Funding...

- If there was additional funding located for the trauma system, what is your wish list? What are the priority focus areas?
- MDT grant submitted for funding RTACs to provide additional TEAM courses in each region for FY2016 grant cycle



# Regional PI Indicators

## ERTAC

- ISS  $\geq 15$  without TTA
- GCS  $\leq 8$  without ETT
- ISS  $\leq 20$  and death
- IVF  $> 2000$  NS
- Backboard removal 30min from time of arrival to ED.
- Transfer time  $> 3$ hr

## CRTAC

- GCS  $\leq 8$  without ETT
- Age  $\geq 55$  with ISS  $\geq 15$  and no TTA
- IVF  $> 2000$ ml
- EMS trip reports
- Transfers with ISS  $\geq 15$  with  $\geq 6$  hrs. in ED or before transfer
- Temperature documented

# State & WRTAC Indicators

- GCS  $\leq 8$  without advanced airway support
- ED Dwell Time for ISS  $\geq 15$
- No TTA but met physiologic criteria
- Transfer of patient after admission to facility
- Transfer of patient out of state

# Web-based Collector

- FINALLY HERE! Went Live:1-29-15
- Eliminates paper abstract submission
- Improves data accuracy
- Provides methods for internal data reporting
- Defaults have been added to all facilities
- Will send data validation reports to facilities at end of quarter (E-code, and diagnosis codes)

# Registrar Requirements for designation (Montana)

<i>Trauma Registrar</i>				
Designated trauma registrar working in concert with the trauma coordinator, with responsibility for data abstraction, entry into the trauma registry and ability to produce a variety of reports routinely and upon request. There must be sufficient dedicated hours for this position to complete the trauma registry for each trauma patient within 60 days of discharge	E			
Identified trauma registrar or trauma coordinator with responsibility for data abstraction, entry into the trauma registry and ability to produce a variety of reports routinely and upon request. There must be sufficient dedicated hours for this position to .to complete the trauma registry for each trauma patient within 60 days of discharge		E	E	E
The trauma registrar must attend, or have previously attended, within 12 months of hire a national or state trauma registry course.	E	E	E	E

# Registrar Requirements for Designation

- State trauma registry course which would be the education being done via WebEx, MTS for the web-based users
- For software based users; there was orientation and education with Carol and grandfathering those that attended initial training with DI back in 2003- 2004
- Can give certificates of attendance



# Registrar Requirements for Designation (ACS)

- We are working on trying to get Digital Innovations to come present at MTS 2015 in Billings –
- This does not solve the American College of Surgeons requirement-
- “They must attend or have previously attended two courses within 12 months of being hired:”



# Software ACS Requirements for Trauma Registrar

- Cont.
  - > (1) the American Trauma Society's Trauma Registrar Course or equivalent provided by a state trauma program,
  - > (2) the Association of the Advancement of Automotive Medicine's Injury Scaling Course
- Registrars should have 8 hrs. registry specific education/year
- Criteria Deficiency 15-7 for Level I, Level II and Level III

# Software ACS Requirements for Trauma Registrar

- Demonstrate proficiency with NTDB
- Promotion of support of the trauma registrar by the facility and with training and can occur within your program (i.e., organ injuries, as expected to code organ injuries and procedures to treat injuries)



# Other ACS/System Considerations

- All trauma centers must use a risk adjusted benchmarking system to measure performance and outcomes (CD 15-5).
  - What does this requirement mean for those not participating in TQIP?

# What is Risk Adjustment?

- Risk adjustment is a corrective tool used to level the playing field regarding the reporting of patient outcomes by adjusting for the differences in risk among specific patients. Risk adjustment also makes it possible to compare hospital and doctor performance fairly. Comparing unadjusted event rates for different hospitals would unfairly penalize those performing operations on higher risk patients (those who are sicker or have more comorbidities).
- For example, if an 86 year old female with diabetes undergoes bypass surgery, there is less chance for a good outcome when compared with a healthy 40 year old male undergoing the same procedure. To take factors into account which influence outcomes, for example, advanced age, emergency operation, previous heart surgery, a risk adjusted model is used to report surgery and mortality results.

# ATLS Dates

## 2015 Full Course

~~Feb 27 - 28~~ Great Falls

March 20 - 21 , Billings

May 29 – 30 Missoula

November 6 – 7 Billings\*

## 2015 Refresher Course

~~Feb 28~~- Great Falls

March 21 –Billings

May 30 - Missoula

November 7 - Billings

# STCC Vacancies:

- Vacancies:
  - > American College of Emergency Physicians
  - > MT. Emergency Medical Service Assoc.